UNDERSTANDING GODMAN SYNDROME: THE INTERPLAY OF ATTACHMENT, SUPERSTITION, LEARNED HELPLESSNESS, COPING, PERSONALITY, AND COGNITIVE FLEXIBILITY AMONG DEVOTEES OF SPIRITUAL LEADERS

A Synopsis

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Introduction

India has received praise for being a spiritual country. Spirituality is a way of expressing ourselves that forces people to look for answers about the infinite by means of our connection to something bigger. In the view of many psychologists, spirituality is a natural human trait (Helminiak, 1996; Newberg et. al., 2001). This suggests that human spirituality is an endeavor to discover the significance of one's life or to acknowledge and connect with the unknowns of the cosmos (Adler, 1931; Frankl, 1959). Additionally, spiritual leaders or godmen "assist the people" in exploring the concepts of the world or the meaning of life. A sort of charismatic guru who claims to have heavenly powers and a sizable following is known in India as a "godman" (Kaur & Nag, 2019). These spiritual gurus have a long history in India, which is indicative of the nation's rich religious and spiritual traditions (Chaudhary & Mahapatra, 2019). They affirmed that people in the community believed that divine kindness and perfection might be revealed through religious guidance. These spiritual gurus continue to have a big influence on Indian society and draw followers from all areas of life (Rana, 2017).

Up until this point, it had believed that God was the ultimate power, both visible and audible, and that humans could never achieve such "power." India is progressing with a scientific temperament and rationality, but faith plays an important role in all domains of people’s life. It is said that the living God resides in our bodies, but does it make us divine beings? (Anand, 2016). People have witnessed scammers, rapists, and fraudsters pose as religious leaders. Some godmen are now deceiving generations for their own personal benefit. They claim to have the status of godman (God's avatar) and to have mystic spiritual knowledge that, if followed with sincerity, may quickly resolve any issue facing by followers. They own vehicles, palaces, diamonds, gold, and other materialistic and opulent possessions. Despite the fact that most of these godmen and godwomen have been arrested and found to have committed a number of crimes, such as murder, sexual harassment, money laundering, human trafficking, and corruption, these godmen nevertheless retain a substantial following (Kaur & Nag, 2019). It's now crucial to understand why individuals continue to follow these godmen while being aware of their involvement in several unlawful crimes.

Godman Syndrome

Godman Syndrome is a theoretical framework that encompasses a range of psychological symptoms and coping mechanisms that may be linked to the tendency to follow self-proclaimed gurus, rather than a recognized medical condition. This study defines "Godman Syndrome" as a group of psychological and behavioral anomalies that followers of self-described spiritual leaders exhibit. Its characteristics include a strong sense of loyalty to the group's leader, mental and emotional dependence on the guru's guidance, and unwavering faith in his knowledge and abilities.

This term is popularized by media and there isn't an operational definition of Godman syndrome. To operationalize this phenomenon, a scale/questionnaire will be developed or a suitable pre-exiting scale will be adapted. This assessment of Godman syndrome aims to explore the connection between Godman syndrome and significant psychological components, including personality, cognitive flexibility, acquired helplessness, superstitious beliefs, adult attachment style, and coping mechanisms.

Godman Syndrome and Adult Attachment Style

A person's continuing emotional ties to the person they grew to rely on for care and protection are most commonly referred to as attachment; these connections are known in the literature as "secure base functions" and "safe haven."(Shalit et. al., 2010). Bowlby introduced and developed attachment theory as "a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others" (Bowlby, 1977). Based on Bowlby's views, Ainsworth et al. (1978) established three infant attachment patterns: **secure, ambivalent, and avoidant.** These tendencies were then explored in both childhood and adulthood.

A higher power or God Religious experiences are said to be shaped in part by attachment, as well as attachment to Godlike figures. Either by field testing attachment theories or by comprehending how attachment is processed, such as by considering God as a parent figure, attachment to God and psychological behaviors have been scientifically researched (Beck & McDonald, 2004).

Godman Syndrome and Superstitions

Any habit or belief that relies on chance or other illogical, non-scientific, or supernatural forces is considered superstitious. It usually results from ignorance, a fear of the unknown, a belief in fate or magic, or a misinterpretation of science or causality.It is widely used to describe beliefs and behaviors relating to luck, prophecy, and some supernatural beings, notably the concept that specific (seemingly unrelated) prior events might predict future events (Vyse, 2000).

Science confirms that no miracles are feasible in this planet. Whatever happens in this world has a scientific basis. Things do not happen as a result of someone's blessings, the grace of a deity, a miracle, or on their own accord without any cause. However, the general public is so fascinated by miracles that they regard the ability to do miracles as a God-given gift, His favors. Any petty Baba or Maharaj who performs an equally petty miracle might inspire admiration and awe in people's minds. The Baba can therefore easily ensnare these individuals in his pretenses to exploit and ruin them, despite science's claim that no miracle is possible (Nigale, 2012).

Godman Syndrome and Learned Helplessness

Learned helplessness is the passive resignation caused by repeated exposure to unfavorable situations that are viewed as unavoidable (Franzoi, 2000). It occurs when a person perceives an unpleasant situation as unavoidable and believes or acts on the notion that he is powerless to change his circumstances through any voluntary behavior or action ((Nolen-Hoeksema, 2000).

Religion has a big influence on how people think about control and how they cope. Religious orientation and locus of control interact to affect learned helplessness, according to research. Individuals who have an external locus of control and strong religious beliefs are more likely to experience learned helplessness than those who have internal control beliefs. This implies that people are more inclined to abdicate personal accountability when they believe that divine forces have the ability to control their circumstances (Wai, 2021).

Godman Syndrome and Coping Mechanism

Coping mechanisms refer to tactics used to handle painful emotions during stress or trauma. Coping methods can help individuals manage stress and maintain emotional well-being (American Psychological Association. (n.d.). The transactional model distinguishes two basic forms of coping. The first is referred to as a **problem- focused coping** approach, while the second is known as an emotional-focused coping technique. Problem-focused coping relies more on one's ability to think and change the environmental event or condition while the **emotion-focused method** focuses inside, on changing one's thoughts or feelings about a circumstance or incident (Sharma, 2003).

Compared to the other three religious coping style groups, participants in the high- religion and high-depending, highly cooperative, and high-reliance on religion groups were shown to be less maladjusted and more fulfilled. People who view their relationship with God as a significant aspect of their everyday lives are more inclined to actively use God-informed problem-solving techniques rather than depending only on their own abilities (Ross et al., 2008).

Godman Syndrome and Personality

Personality refers to an individual's distinct thought, mood, and behavior patterns that shape their psychological makeup (Cubel & Sanchez-Pages, 2025). The Big Five is a widely acknowledged and influential personality model.In 1949, Fiske developed the Big Five model, which divides personality into five characteristics: neuroticism, agreeableness, extraversion, openness, and conscientiousness. Extraversion is characterized as gregariousness and excitement, agreeableness as interpersonal orientation, openness as insight and imagination, and conscientiousness as organization, perseverance, and thinking. Neuroticism is a measure of emotional stability and adaptability.

One important personality typology that is left out of the Big Five framework is type D personality. Mols & Denollet (2010) define "distressed" or Type D personality as a tendency to display negative affect and social restraint. High agreeableness individuals are frequently helpful, trustworthy, and empathetic. These characteristics make them more susceptible to manipulation since they increase their likelihood of cooperating and their level of trust in those in authority. Research indicates that agreeable people are more susceptible to being influenced by the decisions made by their superiors and peers (Carnevale and Pruitt, 2015).

Godman Syndrome and Cognitive flexibility

Cognitive flexibility includes awareness of potential options, willingness to adapt, and self-efficacy in being flexible. Individuals are free to choose their own behavior in any given situation. People who can change their behavior to fit the situation have more cognitive flexibility than those who can only see one correct response (Martin and Rubin, 1995).

According to one study, those with low cognitive flexibility are more susceptible to manipulation and are less able to evaluate cult leaders' teachings critically. These individuals are more vulnerable to the authoritative influence of the charismatic leader due to their possible cognitive rigidity (Curtis and Curtis, 1993).

Another study found a positive correlation between cognitive flexibility and the ability to understand multiple points of view and analyze one's own beliefs. This flexibility is important in religious affairs because it can lead to less dogmatic and more complex interpretations of religious teachings (Martin and Rubin, 1995).

Rationale of the study

In recent years, there has been an increased focus on comprehending the psychological and sociological factors that lead individuals to become devoted followers of charismatic spiritual leaders, or "godmen." Overzealous devotion is often referred to as "godman syndrome" because it can lead to manipulative vulnerability, mindless obedience, and blind faith. Despite extensive

media coverage and public concern, there has been a dearth of research on the psychological factors that underlie these behaviors. Since leaders have significant control over decisions made by both individuals and groups, while followers may experience social isolation, emotional dependence, and exploitation, it is imperative to comprehend these factors. A person's propensity to follow religious leaders can be influenced by psychological factors such as suggestibility, personality traits, cognitive flexibility, coping mechanisms, learned helplessness, and attachment style. By examining these elements, we can gain a better understanding of how people handle pressure, ambiguity, and decision-making in situations where charismatic influence is prevalent.

Examining the relationship between these psychological characteristics and faith-based coping or belief systems can also help us better understand obedience, compliance, and group dynamics in religious and quasi-religious contexts. This type of information is necessary to develop interventions, awareness-raising campaigns, and educational strategies that promote critical thinking, resilience, and informed decision-making in vulnerable populations.

This study's ultimate goal is to close the gap between social and personality psychology theory and actual occurrences. Understanding why certain people are more prone to the godman syndrome and how psychological characteristics and coping strategies affect this vulnerability is made easier by the scientific framework this study offers.

Objectives of study

1. To study the relationship between Godman Syndrome and Secure attachment style.
2. To study the relationship between Godman Syndrome and Anxious attachment style.
3. To study the relationship between Godman Syndrome and Avoidant attachment style.
4. To investigate the relationship between Godman Syndrome and Superstition.
5. To investigate the relationship between Godman Syndrome and Learned Helplessness .
6. To study the relationship between Godman Syndrome and Problem- Focused Coping.
7. To study the relationship between Godman Syndrome and Emotion- Focused Coping.
8. To study the relationship between Godman Syndrome and Avoidant Coping.
9. To study the relationship between Godman Syndrome and Openness to experience.
10. To study the relationship between Godman Syndrome and Conscientiousness.
11. To study the relationship between Godman Syndrome and Extraversion.
12. To study the relationship between Godman Syndrome and Agreeableness.

13. To study the relationship between Godman Syndrome and Neuroticism.

14. To study the relationship between Godman Syndrome and Social Inhibition.

15. To study the relationship between Godman Syndrome and Negative Affectivity.

16. To study the relationship between Godman Syndrome and Control (Cognitive Flexibility).

17. To study the relationship between Godman Syndrome and Alternatives.

Hypotheses

1. There will be a significant relationship between Godman Syndrome and Secure attachment style.

2. There will be a significant relationship between Godman Syndrome and Anxious attachment style.

3. There will be a significant relationship between Godman Syndrome and Avoidant attachment style.

4. There will be a significant relationship between Godman Syndrome and Superstition.

5. There will be a significant relationship between Godman Syndrome and Learned Helplessness.

6. There will be a significant relationship between Godman Syndrome and Problem- Focused Coping.

7. There will be a significant relationship between Godman Syndrome and Emotion- Focused Coping.

8. There will be a significant relationship between Godman Syndrome and Avoidant Coping.

9. There will be a significant relationship between Godman Syndrome and Openness to experience.

10. There will be a significant relationship between Godman Syndrome and Conscientiousness.

11. There will be a significant relationship between Godman Syndrome and Extraversion.

12. There will be a significant relationship between Godman Syndrome and Agreeableness.

13. There will be a significant relationship between Godman Syndrome and Neuroticism.

14. There will be a significant relationship between Godman Syndrome and Social Inhibition.

15. There will be a significant relationship between Godman Syndrome and Negative Affectivity.

16. There will be a significant relationship between Godman Syndrome and Control (Cognitive Flexibility).

17. There will be a significant relationship between Godman Syndrome and Alternatives.

Methodology

Sample size

A total of 300 persons above the age of 18 years will be sampled, out of which 150 will be the followers of a Godman and 150 will be the people who do not follow any Godman. According to a G*Power analysis, at a significance level of $\alpha = 0.05$, a minimum of 146 participants were needed to achieve sufficient statistical power 0.85. But to improve the generalizability of the findings, the study used a larger sample size of 300 individuals.

Sources of sample

1. Ashrams,deras and spiritual centers of popular Godmen.
2. Local satsangs and bhajan mandalis.
3. Pilgrimage sites or spiritual fairs.
4. Yoga/meditation camps organized by Godmen.

Criteria for inclusion

1. Self-identification as a follower of a specific godman or spiritual leader.
2. Participants must have maintained active followership for at least six months.
3. Participants must be at least 18 years old.
4. Willing to give written informed consent.
5. Able to read/understand the language of assessment (Hindi and English).

Criteria for exclusion

1. Individuals who do not identify themselves as devotees of a specific godman or spiritual leader.
2. Individuals who have not maintained an active follower base for at least six months.
3. Individuals under the age of 18 will be excluded.
4. Participants who refuse to provide written informed consent.
5. Those who cannot read, speak or understand Hindi and English.

Tools Description

Godman Syndrome

A scale or questionnaire will be developed to measure Godman syndrome. However, if a suitable and trustworthy pre-existing scale is found during the investigation, it might be adapted for use in the study.

Adult Attachment Scale (Collins & Read, 1990)

Collins and Read (1990) developed the Adult Attachment Scale (AAS). The scale is made up of 18 items that are rated on a 5-point likert-type scale which typically goes from 1 (Not at all characteristic of me) to 5 (Very characteristic of me). It assesses adult attachment types known as secure, anxious and avoidant. Cronbach's alpha coefficients were.69 for Close,.75 for Depend, and.72 for Anxiety.

Superstition Scale (Huque & Chowdhury, 2007)

The Superstition Scale was developed to measure people's superstitions. The scale has twenty items that are rated on a 4-point Likert scale which typically goes from not at all to very much. The split-half method was used to examine the scale's reliability, and the results showed strong internal consistency with a corrected reliability coefficient of 0.90.

Learned Helplessness Scale (Quinless & Nelson, 1988)

Quinless and Nelson created the LHS in 1988. It is a 20-item test used to calculate a learned helplessness score. The respondent chooses the response that best fits each of the four possibilities for each item: Completely Agree, Agree, Disagree, and Completely Disagree. Higher scores indicate a greater degree of learned helplessness; the minimum score is 20 and the maximum score is 80.

Scoring:

- **Item scores are 4, 3, 2, and 1.**
- **The tool included 9 reverse items (scoring of 1, 2, 3, and 4).**

The Learned Helplessness Scale has shown strong reliability (cronbach alpha = 0.85) and validity (correlation with other measures). Higher scores suggest more learned helplessness.

The Brief COPE (Carver, 1997)

Carver (1997) developed the Brief COPE, a brief version of the COPE inventory. The study aimed to assess how individuals cope with stress in various ways. The assessment included 3 subscales: Problem-focused coping, Emotion- focused coping and avoidant coping and 14 facets. The COPE consists of 28 items. In this scale, respondents rate things on a 4-point Likert scale (1- I'm not doing this at all to 4 - "I'm doing it a lot). The scale has satisfactory reliability,

with Cronbach's alpha values for subscales ranging from 0.50 to 0.90 and moderate to good test-retest reliability after 2-8 weeks. Its validity is backed by construct and convergent data, which reveal significant correlations with theoretically related coping components, as well as predictive validity for adjustment and psychological well-being under stressful conditions.

The Big Five Inventory-10 (Rammstedt & John, 2007)

The brief, self-report Big Five Inventory-10 (BFI-10) measures five major aspects of personality: neuroticism (emotional stability), conscientiousness, agreeableness, extraversion, and openness to new experiences. This simplified version of the Big Five Inventory was developed by Rammstedt and John (2007) and consists of two items for each personality dimension. Respondents rate each statement based on how well it reflects their typical thoughts, feelings, and behaviors on a 5-point Likert scale, where 1 represents "strongly disagree" and 5 represents "strongly agree." Despite its short duration, the BFI-10 has demonstrated adequate structural validity and reliability.

The Type D Scale-14 (Denollet, 2005)

The Type D Scale-14 (DS14) was developed to assess Type D personality, which is characterized by a combination of social inhibition (SI) and negative affectivity (NA). The DS14's factor analysis revealed two distinct factors; all NA and SI items loaded between 0.62 and 0.82 on their corresponding factors. The SI scale (7 items) measured social distress, inhibition, and lack of social confidence, whereas the NA scale (7 items) measured melancholy, anxiety, and anger. Participants rated their personalities on a 5-point Likert scale, where 0 denoted "false" and 4 denoted "true."

Cognitive Flexibility Inventory (Dennis & Vander Wal, 2010)

Dennis and Vander (2010) developed a 20-item self-report questionnaire called the Cognitive Flexibility Inventory (CFI). The CFI assesses cognitive flexibility by identifying the factors responsible for adaptive thinking under stress. This assessment consists of two subscales: Control (7 items) and Alternatives (13 items). A seven-point Likert scale is used to score each item, where 1 means "strongly disagree" and 7 means "strongly agree." The CFI subscales demonstrated strong internal consistency in every trial (α Control =.86, α Alternatives =.91). The CFI showed strong test-retest reliability (r =.8) and internal consistency (coefficient alpha =.90). Convergent validity was demonstrated by a significant correlation (r =.73) with the Cognitive Flexibility Scale (Martin and Rubin, 1995).

Procedure:

Participants will be informed about the questionnaire and standards before consenting to participate. Only those who meet the criteria will be asked to complete the questionnaire. Data will be analyzed critically.

Statistical Analysis

Inferential Statistics Correlation

References

Adler, A. (1931). *What life should mean to you.* Little, Brown

Ainsworth, M.D.S., Blehar, M., Waters, E. and Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Lawrence Erlbaum Associates.

Anand, A. (2016). Rising popularity of Religious Leaders in India: A Sociological Study. *Journal of Social Sciences, 5*(1), 8–21. Retrieved September 10, 2025, from https://iisjoss.org/sites/default/files/iisjoss/2016-17/PDF/2.pdf

American Psychological Association. (n.d.). Coping strategy. In APA dictionary of psychology. Retrieved September 27, 2025, from https://dictionary.apa.org/coping-strategy

Beck, R., & McDonald, A. (2004). Attachment to God: The Attachment to God Inventory, tests of working model correspondence, and an exploration of faith group differences. *Journal of Psychology and Theology*, 32, 92–103. . https://doi.org/10.1177/009164710403200202

Bowlby, J. (1977). The making and breaking of affectional bonds. *British Journal of Psychiatry*, 130, 201-10. https://doi.org/10.1192/bjp.130.3.201

Carnevale, P. J., & Pruitt, D. G. (2015). Negotiation in social conflict. Science Direct. Retrieved September 29, 2025, from https://www.sciencedirect.com/science/article/abs/pii/S01918869150 04948

Carver, C. S. (1997). Brief COPE Inventory. [Database record]. APA PsycTests. https://doi.org/10.1037/t04102-000

Choudhary, S., & Mahapatra, M. (2019). From Wining Hearts To Manipulating Minds: Godmen and Their Followers. *International Journal of Research in Humanities, Arts and Literature*, *7*, 295-302.

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship

quality in dating couples. Journal of Personality and Social Psychology, 58(4), 644–663. https://doi.org/10.1037/0022-3514.58.4.644

Cubel, M., & Sanchez-Pages, S. (2025). Personality. In Edward Elgar Publishing eBooks (pp. 328–331). https://doi.org/10.4337/9781802207736.000102

Curtis, J. M., & Curtis, M. J. (1993). Factors related to susceptibility and recruitment by cults. *Psychological reports*, 73(2), 451–460. https://doi.org/10.2466/pr0.1993.73.2.451

Dennis, J. P., & Vander Wal, J. S. (2010). The Cognitive Flexibility Inventory: Instrument development and estimates of reliability and validity. *Cognitive Therapy and Research*, 34(3), 241–253. https://doi.org/10.1007/s10608-009-9276-4

Denollet, J. (2005). Type D Scale-14 (DS14) [Database record]. APA PsycTests. https://doi.org/10.1037/t07384-000

Fiske, D. W. (1949). Consistency of the factorial structures of personality ratings from different sources. *Journal of Abnormal and Social Psychology*, 44(3), 329-344.

Frankl, V. (1959). Man's search for meaning. New York: Praeger

Franzoi, S. L. (2000). *Social psychology* (2nd ed.). Boston, MA: McGraw-Hill.

Helminiak, D. A. (1996). *The human core of spirituality: Mind as psyche and spirit.* State University of New York Press.

Huque, M. & Chowdhury, A. H. (2007). A Scale to Measure Superstition. *Journal of Social Sciences*, 3(1), 18–23.

Kaur, N., & Nag, N. (2019). Godmen Influence on The Lives of Urban Society People and Exploration. *International Education and Research Journal,* 5(6), 32-35

Martin, M. M., & Rubin, R. B. (1995). A New Measure of Cognitive Flexibility. *Psychological Reports,*76(2), 623-626. https://doi.org/10.2466/pr0.1995.76.2.623

(Original work published 1995)

Mols, F., & Denollet J. (2010). Type D personality in the general population: a systematic review of health status, mechanisms of disease, and work-related problems. *Health Qual Life Outcomes,* 8(9). https://doi.org/10.1186/1477-7525- 8-9

Newberg, A., D'Aquili, E., & Rause, V. (2001). *Brain science and the biology of belief: Why God won't go away.*

Nigale, Y. *(*2012). *Superstition: A Rational Discourse.* Translated by Suman Oak. Lokbhumi Prakashan, Panaji (Goa).

Nolen-Hoeksema, S. (1998). *Abnormal psychology Boston.* McGraw Hill.

Quinless, F. W., & Nelson, M. M. (1988). Development of a measure of learned helplessness. *Nursing Research,* 37(1), 11–15. https://doi.org/10.1097/00006199-198801000-00003

Rammstedt, B., & John, O. P. (2007). Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality*, 41(1), 203–212. https://doi.org/10.1016/j.jrp.2006.02.001

Rana, M. (2017). Trend of Spiritual Godman in India: Implications for the modern Indian society. *International Journal of Academic Research and Developments*. Retrieved 24 August, 2025 from www.academicsjournal.com.

Ross, K., Handal, P. J., Clark, E. M., & Wal, J. S. V. (2008). The relationship between religion and religious coping: Religious coping as a moderator between religion and adjustment. *Journal of Religion and Health*, *48*(4), 454–467. https://doi.org/10.1007/s10943-008-9199-5

Shalit, A., Popper, M., & Zakay, D. (2010). Followers' attachment styles and their

preference for social or for personal charismatic leaders. *Leadership & Organization Development Journal*, 31(5), 458–https://doi.org/10.1108/01437731011056461Sharma, M. (2003). Coping: Strategies. Retrieved September 14, 2025 from https://www.ebsco.com/researchstarters/psychology/coping-strategies

Vyse, S. A. (2000). *Believing in magic: The psychology of superstition.* Oxford University Press.

Wai, P. (2021). Religious orientation, locus of control and learned helplessness. [Undergraduate project, University of Jos]. *AfriBary.* Retrieved September 1, 2025, from https://afribary.com/works/religious-orientation-locus-of- control-and-learned-helplessness-1